FORM

WISCONSIN FIDUCIARY INCOME TAX RETURN (For Estates or Trusts)

_, 2001, and ending

For 2001 or taxable year beginning

If trust P.O. Box 8955, Madison, WI 53708-8955 If certificate request P.O. Box 8904, Madison, WI 53708-8904

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Estate only - Last name First name and middle initial Trust's federal ID number (EIN) Trusts only - Name Name and address of personal representative, petitioner, or trustee Check one Decedent's estate Bankruptcy estate Address where decedent lived at time of death Spouse's first name Testamentary trust Inter vivos trust Electing small business Date trust or bankruptcy estate was created or date of decedent's death If this is a trust return, is the trust Revocable or ☐ Irrevocable? QFT - Qualified Funeral Is the grantor a resident of Wisconsin? ☐ Yes ☐ No Trust County of Jurisdiction Is this the first Form 2 of the estate or trust? Yes No Age of decedent Is this the final Form 2 of the estate or trust? Yes ☐ No Probate Case Number ☐ No Are you requesting a closing certificate at this time? Yes If yes, complete Schedule D, page 2 Individual/firm the closing certificate will be mailed to Attention or c/o Address City State | Zip code FOR DEPT USE ONLY 2OP 2CL HOLD FOR 7AU 8AU 1. Federal taxable income of fiduciary (from attached federal Form 1041, line 22) Attach check or money order here 2 3 4 5 6a 6b. ESBT (enter amount from Schedule ESBT, line 1, see instr. on page 5) 6b 7 7. Historic credit (see instructions on page 5)..... 8 9. Alternative minimum tax. (Attach Schedule MT) 9 10 11. Development zone credits (attach Sch. DC) Manufacturer's sales tax credit (attach Sch. MS) 11 12 13 14 15. Wisconsin income tax withheld (attach withholding statement) 15 16. 2001 estimated payments and amount applied from 2000 return ... 16 17 19. Farmland tax relief credit: Farmland taxes _ 19 20. AMENDED RETURN ONLY - amount paid with original return 1 20 22. AMENDED RETURN ONLY - refund from original return less 23 25. If line 23 is less than line 14, enter BALANCE DUE 26. Amount of line 24 to be applied to your 2002 ESTIMATED TAX . . . I, as fiduciary, declare under penalties of law that I have examined this return (including accompanying schedules, statements, and copy of federal income tax return) and to the best of my knowledge and belief it is true, correct and complete. Date Telephone number PERSON PREPARING THE RETURN (individual and firm) if other than the preceding signer Date Telephone number Name of preparer other than fiduciary I-020 Area below this line for department use only Wisconsin Department of Revenue MON YR MAN D Α

Form 2 (2001)				Page 2
Schedule A - MODIFICATIONS AND ADJUSTMENTS ADDITIONS:		Distributable Income on Schedule 2K-1)	Non-	COL. 2 Distributable Income
1. Adjustment to convert 2001 federal taxable income to the level allowable under	er			
the Internal Revenue Code in effect on December 31, 1999 (Schedule B)				
2. Interest (less related expenses) on state and municipal obligations				
3. State and local taxes (see instructions)				
4. Capital gain/loss adjustment (see instructions)				_
5. Other (specify)		-		<u> </u>
6. Total additions (add lines 1 through 5)		-		•
SUBTRACTIONS:		•		•
 Adjustment to convert 2001 federal taxable income to the level allowable under 	ar			
the Internal Revenue Code in effect on December 31, 1999 (Schedule B)				
Interest (less related expenses) on obligations of the United States				•
				•
9. Capital gain/loss adjustment (see instructions)				
10. State and local income tax refunds (see instructions)		•		•
11. Other (specify)				
12. Total subtractions (add lines 7 through 11)				•
Schedule B - ADJUSTMENTS TO CONVERT 2001 FEDERAL TAXABLE INC UNDER THE INTERNAL REVENUE CODE IN EFFECT ON DE			uctio	ns on page 11)
NATURE OF ADJUSTMENT – Explain fully on attached schedule.	D	stributable		on-Distributable
1 TOTAL from attached schedule (show deficit amount in parenthesis)				
a. Enter total from distributable column on Wisconsin Schedule 2K-1, as appropriate				
b. If total in non-distributable column increases federal taxable income, enter here and on Schedule A, li	ine 1			
If total in non-distributable column decreases federal taxable income, enter here and on Schedule A, I				
Schedule C – ADJUSTMENTS TO CAPITAL GAINS/LOSSES BECAUSE CA HAD DIFFERENT BASIS FOR WISCONSIN AND FEDERAL IN)F	
1a DESCRIPTION OF CAPITAL ASSETS HELD ONE YEAR OR LESS	A. FEDERAL B. WISC			C. DIFFERENCE
AND REASON FOR DIFFERENCE IN BASIS	ADJUSTED BA	SIS ADJUSTED E	3ASIS	
1b TOTAL - Combine amounts in column C. Fill in here and on line 4 of Wisconsin Sche	edule WD (Forn	n 2)	▶	
2a DESCRIPTION OF CAPITAL ASSETS HELD MORE THAN ONE YEAR	A. FEDERA	L B. WISCON	NSIN	C. DIFFERENCE
		SIS ADJUSTED E		O. DILLENGE
ا 2b TOTAL – Combine amounts in column C. Fill in here and on line 12 of Wisconsin Sch	andula MD (For	m 2)	_	
20 TOTAL - Combine amounts in column C. Fill in here and on line 12 of Wisconsin Sch	iedule WD (Foi	III 2)	•••	
Schedule D - INFORMATION REQUIRED WHEN REQUESTING A CLOSII Estates 1. Did the decedent have a will? Yes No 2. Type of Probate formal informal other	NG CERTIFIC	CATE		
3. Is there a requirement to file a federal estate tax return (Form 706)? ☐ Yes	□ No If	Voc. data filad		
,		•		
5. If the decedent did not file tax returns prior to death, state the decedent's appro		e for: 2001 - \$		
2000 - \$, 1999 - \$, 1998 - \$	·			
Sa. Attach a copy of the inventory and will.				
6b. Attach a copy of the final account to the final Form 2.				
7. Is a certificate required by the court? $\ \square$ Yes $\ \square$ No $\ $ See page 2 of th	e instructions	(Requests for Cl	osing	Certificates).
If an estate does not have enough income to require filing and needs a Closing only one fiduciary return when the estate is closed and needs the closing certifi instructions for procedures to be followed.	Certificate for icate before fil	r Fiduciaries, or it ing that return, so	the e	estate will be filing ge 2 of the
Trusts Trusts				
1. Attach a copy of the trust instrument with amendments (will / codicils) and copi	es of annual o	ourt accountings	for pa	ast three vears.
2. a. Name(s) of grantor(s)		•	•	•
Social Security Number(s)				
b. Name(s) of grantee(s)				
· · · · · · · · · · · · · · · · · · ·				
Social Security Number(s)				
3. State reason for closing the trust				· (\)
 Is a certificate required by the court? ☐ Yes ☐ No See page 2 of in 	istructions (red	quests for closing	, certif	ıcates).